



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF FIRE SERVICES
RICHARD W. MILLER
STATE FIRE MARSHAL

MIKE ZIMMER
DIRECTOR

Bureau of Fire Services Accommodation Request

To Be Completed By Applicant

The information or documentation regarding your disability and your need for an accommodation in testing will be considered strictly confidential. This information will not be shared with any outside source without your written consent.

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: (Include Area Code): _____

Accommodations are requested for the following examination: _____

Exam Date: _____ Location: _____

I am requesting the following accommodation be provided:

- ☐ Reader as an accommodation for a learning disability
- ☐ A separate testing area
- ☐ Extended testing time (The Firefighter I & II exam is not a timed examination).
- ☐ Other _____

Document your medical condition/disability to justify this request. (attach additional sheet if necessary):

Signature: _____ Date: _____

Documentation of Disability Related Needs

Note: To be completed by an appropriate professional (education professional, doctor, psychologist and/or psychiatrist) certifying your disability requires the requested test accommodation.

I have known _____ since _____ in my
capacity as a _____.

The applicant has discussed the nature of the test to administered, it is my opinion that due to this applicant's disability, he/she should be accommodated by providing the following assistance: (check all that apply)

I am requesting the following accommodation be provided:

- ☐ Reader as an accommodation for a learning disability
- ☐ A separate testing area
- ☐ Extended testing time (The Firefighter I & II exam is not a timed examination).
- ☐ Other _____

Please identify the applicant's disability and related medical facts to support the accommodation request.

Signature: _____ Date: _____

Title: _____ License No. (if applicable): _____

Return completed forms to:

**BFS/FFTD
P.O. Box 30700
Lansing, MI 48909**